

Docket No.: 000166.0109-US02 (PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

David Edwards et al.

Application No.: 10/771,551

Group Art Unit: 3711

Filed: February 5, 2004

Examiner: K. C. Matter

For: INHALATION DEVICE AND METHOD

TRANSMITTAL LETTER

MS RCE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following items for filing in connection with the above-referenced Patent Application:

- 1. Fee Transmittal;
- 2. Request for Continued Examination (RCE) Transmittal (in duplicate);
- 3. Amendment Transmittal (in duplicate);
- 4. Amendment After Final Action Under 37 CFR 1.116;
- 5. Check No. 380874 for \$790.00 to cover the RCE filing fee; and
- 6. Return receipt postcard.

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this DC: 2528409-1

application by this firm) to our Deposit Account No. 50-0740, under Order No. 000166.0109-US02. A duplicate copy of this paper is enclosed.

It is not believed that extensions of time or fees for net addition of claims are required beyond those that may otherwise be provided for in documents accompanying this paper. However, if additional extensions of time are necessary to prevent abandonment of this application, then such extensions of time are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefor (including fees for net addition of claims) are hereby authorized to be charged to our Deposit Account No. 50-0740.

Dated: June 1, 2007

Respectfully submitted,

Andrea G. Reister

Registration No. 36,253

COVINGTON & BURLING LLP 1201 Pennsylvania Avenue, N.W.

Washington, DC 20004-2401

(202) 662-6000

Attorney for Applicant

PTO/SB/17 (04-07)
Approved for use through 04/30/2007. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
The Paperwork Fauction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL FOR FY 2007 Applicant claims small entity status. See 37 CFR 1.27 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 790.00 Attorney Docket No. O00166.0109-US02 METHOD OF PAYMENT (check all that apply) X Check Credit Card Money Order Deposit Account Deposit Account Number: 50-0740 Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below X Check ele(s) or underpayments of fee(s) indicated below X Charge any additional fee(s) or underpayments of fee(s) indicated below X Charge any additional fee(s) or underpayments of fee(s) indicated below X Charge any additional fee(s) or underpayments of fee(s) indicated below X Charge fee(s) indicated below X Credit any overpayments FILING FEES Small Entity Application Type Fee (\$) Fee (\$					Complete if Known					
FOR FY 2007 First Named Inventor David Edwards Examiner Name K. C. Matter					Application Number 10/771,551			·		
FOR FY 2007 First Named Inventor David Edwards Examiner Name K. C. Matter	FEE TRANSMITTAL				Filing Date		February 5, 2004			
Applicant claims amail entity status. See 37 CFR 1.27 Art Unit TOTAL AMOUNT OF PAYMENT (\$) 790.00 Attorney Docket No. 000166.0109-US02 METHOD OF PAYMENT (check all that apply) X Check					First Named Inv	entor	David Edwards			
METHOD OF PAYMENT (check all that apply) X Check	<u> </u>				Examiner Name	e K. C. Matter				
METHOD OF PAYMENT (check all that apply) X Check	Applicant claims small entity status. See 37 CFR 1.27				Art Unit		' 11			
X Check Credit Card Money Order None Other (please identify):	TOTAL AMOUNT OF PAYMENT (\$) 790.00				Attorney Docket No. 000166.0109-US02					
Deposit Account Deposit Account Number 50-0740 Deposit Account Name	METHOD OF PAYMENT (check all that apply)									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee fee(s) indicated below. And the continuation in the filling fee fee(s) indicated below, except for the filling fee fee(s) indicated below. And the continuation fee(s) indicated below. And the class of the continuation over payments Fee (s) Fee (s) EXAMINATION FEES Small Entity Fee (s) Fee	x Check Credit Card Money Order None Other (please identify):									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee X Charge any additional fee(s) or underpayments of X Credit any overpayments	Deposit Account Deposit Account Number: 50-0740 Deposit Account Name: Covington & Burling LLP									
X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 X Credit any overpayments X Credit any any overpayments X Credit any and credit X Credit any and credit X Credit any any overpayments X Credit any any overpayments X Credit any any overpayments X Credit any any any and credit X Credit any any any and credit X Credit any	For the above-identifie	ed deposit a	ccount, the D	irector is	hereby authorize	ed to: (che	eck all that apply)	•		
Teber Tebe	Charge fee(s) in	dicated bel	wo		Charge	e fee(s) ii	ndicated below, ex	xcept for ti	ne filing fee	
FEE CALCULATION	Charge any additional fee(s) or underpayments of gee(s) under 37 CFR 1 16 and 1 17									
Papel Pape										
Design 200 100 150 500 250 200 100 250 250 200 250 2	1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
Application Type										
Utility	Application Type			Fee (\$		Fee (\$		Fees F	Paid (\$)	
Plant		300		500		200	100	•		
Plant	Design	200	100	100	50	130	65			
Provisional 200 100 0 0 0 0 0 0 0 0	•	200	100	300	150	160	80			
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claims Total Claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Hultiple Dependent Claims Fee (\$) Fee Paid (\$) Hultiple Dependent Claims Fee (\$) Fee Paid (\$) Fee P	Reissue	300	150	500	250	600	300			
Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims 53	Provisional	200	100				0	-		
Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims 53	2. EXCESS CLAIM FEES								Small Entity	
Each independent claims over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims HP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Total Sheets Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Total Sheets Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Total Sheets Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or	Fee (\$) Fee (\$)									
Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims 4									25	
Total Claims 53 -66 = x = Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) 4 -6 = x = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$2.50 (\$12.5 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) -100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 790.00) SUBMITTED BY Signature Registration No. (Attorney/Agent) 36,253 Telephone (202) 662-5141	Each independent claim over 3 (including Reissues) 200							100		
Fee (\$) Fee Paid (\$)	Multiple dependent claims						360	180		
HP = highest number of total claims paid for, if greater than 20. Indep. Claims	Total Claims Extra Cl	aims F	ee (\$ <u>)</u>	Fee	Paid (\$) Multiple Dependent Claims					
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) 4 -6 = x = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) -100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 790.00 SUBMITTED BY Signature Registration No. (Attorney/Agent) 36,253 Telephone (202) 662-5141					Į.	Fee (\$)	Fee Paid (5)		
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof (round up to a whole number) x Fee Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 790.00 SUBMITTED BY Signature Registration No. (Attorney/Agent) Registration No. (Attorney/Agent)	HP = highest number of total claims paid for, if greater than 20.									
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) -100 = /50 = (round up to a whole number) x = = 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 790.00 SUBMITTED BY Signature Registration No. (Attorney/Agent). 36,253 Telephone (202) 662-5141										
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets										
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 790.00 SUBMITTED BY Signature Registration No. (Attorney/Agent) 36,253 Telephone (202) 662-5141	If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50									
- 100 =										
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 790.00 SUBMITTED BY Signature Registration No. (Attorney/Agent) 36,253 Telephone (202) 662-5141										
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 790.00 SUBMITTED BY Signature Registration No. (Attorney/Agent) 36,253 Telephone (202) 662-5141										
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 790.00 SUBMITTED BY Signature Registration No. (Attorney/Agent) 36,253 Telephone (202) 662-5141	· · · · · · · · · · · · · · · · · · ·									
SUBMITTED BY Signature Registration No. (Attorney/Agent) 36,253 Telephone (202) 662-5141		•	•	•	•	tion (RC	E) (see 37	79	90.00	
Signature Registration No. (Attorney/Agent) 36,253 Telephone (202) 662-5141	SUBMITTED BY		7			····				
Name (Print/Type) Andrea G. Reister Date June 1, 2007	X, ,	M	leis		Registration No. (Attorney/Agent)	36,25	3 Telephone	(202) 66	2-5141	
· · · · · · · · · · · · · · · · · · ·	Name (Print/Type) Andrea G.	Reister					Date	June 1	, 2007	